



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
SPRINGER	ANNA MARIE		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
P.O. Box 2300	Honolulu	HI	96804-2300
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
AMERICAN SAVINGS BANK, F.S.B.	
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 2300	Honolulu HI 96804-2300
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Debra M.K. Oyadomori	532-5861
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 730	Honolulu HI 96808-0730

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input checked="" type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

A. Springer
(Signature of Lobbyist)

1/28/07
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Patricia Wong	Corporate Secretary
NAME OF ORGANIZATION (If applicable)	TELEPHONE
American Savings Bank, F.S.B.	
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
P.O. Box 2300	Honolulu HI 96804-2300

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

PWong
(Signature of Authorized Officer or Person Represented)

1/26/07
(Date)